FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Dec 11, 2003 8:00 A.M.
Secretary of State

DOCUMENT # P990000 43600

1. Entity Name
Pines Medical Equipment & Supplies INC,

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 03

12/09/03 01017 005 *150.00

2. Principal Place of Business	3. Mailing Address
5951 NW. 151 St	5951 NW, 151 St
Suite, Apt. #, etc. Bay 35	Suite, Apt. #, etc. BAY 35
City & State Miami FL	City & State Miami FL
Zip 33014 Country USA	Zip 33014 Country USA

4. FEI Number 65-0921223 ☐ Applied For ☐ Not Applicable MB

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name Julio Suarez

Street Address (P.O. Box Number is Not Acceptable) 5951 NW 151 ST Bay 35

City Miami Lakes FL Zip Code 33014

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Julio Suarez 12-11-03
Signature required of the above name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1st Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P.V.S.T.
NAME	Julio Suarez
STREET ADDRESS	1430 NW 161 Ave
CITY-ST-ZIP	Pembroke Pines FL 33028
TITLE	D
NAME	Julio Suarez
STREET ADDRESS	1430 NW. 161 Ave
CITY-ST-ZIP	Pembroke Pines FL 33028

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Julio Suarez Julio Suarez 12-3-03 305-825-4444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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DECEMBER 12, 2003

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATION
UBR FILING
PO BOX 1500
TALLAHASSEE, FLORIDA 32302-1500

RE: PINES MEDICAL EQUIPMENT & SUPPLIES, INC.
DOC#P99000043600
LETTER OF WAIVER 2003 UBR

TO WHOM IT MAY CONCERRN:

PLEASE BE ADVISED THAT I NEVER RECEIVED AN ANNUAL REPORT FORM UNTIL NOW THAT WE RECEIVE THE LETTER OF DISSOLUTION. I BELIVE YOU MIGHT OF SEND IT TO OUR OLD ADDREESS AS WE NEVER RECEIVED A CURRENT FORM. WE HAVE ENCOUNTER THIS PROBLEM IN THE PAST NOT RECEIVING MAIL. I MOVED FROM SUITE 205 TO BAY 35 AND EVER SENSE MAIL SEEMS TO GET LOST.

SINCERELY,

JULIO SUAREZ
PINES MEDICAL EQUIPMENT & SUPPLIES, INC.
5957 NW 151 STREET
BAY 35
MIAMI, FLORIDA 33014
(305) 469-0308